Name in Full #5288 Certificate of Death

Courada Alexandrovitch

Died at Town East Brooklyn, County A.A. MARYLAND

Date 1899 Month 7 Day 21 Age Y. 10 M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living —

Husband of Wife

Father's Name Julian Alexandrovitch Mother's Name Anna Alexandrovitch

Cause of Death Primary 82 How long sick 7 days

Immediate Chlorea Infantum ~~Accident, Suicide, Homicide~~

Reported by Thomas B. Norton M.D.

Address South Balto. A.A.Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full Susan R. Baldwin — Certificate of Death

Town — County

Died at Anne Arundel MARYLAND

Date 189 9 — Month 7 — Day 7 — Age Y. 78 M. D. — Native of — Occupation

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~

Number of children living

~~Husband~~ Wife of Jas H. Baldwin

Father's Name — Mother's Name

Cause of Death — Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Md. Republican 7-22

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Nama in Full

Certificata of Daath

Bellis Mrs Elsa

Died at Town Annapolis — County Anne Arundel — MARYLAND

Date 1899 Month July Day 14 | Age Y. 53 M. yrs D. | Native of annapolis | Occupation Housekeeper

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single / ~~Widow~~ / ~~Widowar~~ | ~~Divorced~~ | Number of children living 3 (three)

Husband / Widow of Wm Bellis

Father's Name Folson

Mother's Name <

Cause of Daath — Primary Apoplexy 42

Immediate 11

How long sick 8 days

~~Accident, Suicide, Homicide~~

Reported by H R Walton M.D.

Address Annapolis M.D.

Must be signed by physician, if any in attendance, otharwisa by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Read for record
July 24th 1899

Name in Full Roy Biddison

Certificate of Death

Died at Town: Near Wagner Point, County: Anne Arundel MARYLAND

Date 1899 Month: July Day: 23 | Age Y. M. D.: 19. | Native of: Md. | Occupation: Transfer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife X

Father's Name X

Mother's Name

Cause of Death: Primary 148

Immediate Drowned

How long sick X

Accident, ~~Suicide, Homicide~~

Reported by Thomas L. McClelland J.P. Cor

Address Brooklyn, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full James McCulloh Brogden

Certificate of Death

Died at Town West River County Anne Arundel MARYLAND

Date 189 9 Month 7 Day 1 Age Y. M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Baltz Co. Union

Address 9-8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Hannah M. Brooks

Certificate of Death

Died at — Town: Annapolis — County: Anne Arundel — MARYLAND

Date 1899 — Month: July — Day: 30th — Age: Y. 34. M. 11 D. 18 — Native of: Md — Occupation: House Wife

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ Number of children living 3

~~Husband~~ Wife of John W. Brooks

Father's Name: William Nadew — Mother's Name: Hannah Woolfe

Cause of Death — Primary: Bilious Fever, 1 — How long sick: Ten days

Immediate: Asthenia — ~~Accident, Suicide, Homicide~~

Reported by: James S Taylor

Address: Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Dr Geo Wales
of Annapolis Md

Seen by Coroner
of L-31

Information contained in this certificate re-
ceived from John W Brooks
of Annapolis Md

Rec'd for record
Aug 1st 1929

Name in Full: Susanna Brown

Certificate of Death

Died at ~~A A~~ Town: Anne Arundel Co County: MARYLAND

Date 1899 Month 7 Day 15 | Age Y. 69 M. 7 D. | Native of A A Co | Occupation Domestic

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

Husband / Wife of

Father's Name James Sorrex

Mother's Name Mary Sorrex

Cause of Death: Primary 83 | How long sick 3 weeks

Immediate Diarrhoea | ~~Accident, Suicide, Homicide~~

Reported by William Bishop MD

Address 12 Church Circle Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Norman Carpenter

Certificate of Death

Died at Annapolis (Town) A A Co (County) MARYLAND

Date 1899 Month 7 Day 26 | Age Y. 8 M. 5 D. | Native of City | Occupation —

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow Widower~~ | ~~Divorced~~ Number of children living

Husband of —
Wife

Father's Name Clinton Burgess | Mother's Name Louisa Carpenter

Cause of Death — Primary Heart. 147 — Immediate Convulsions | How long sick one day

~~Accident, Suicide, Homicide~~

Reported by William Bishop M.D.

Address 12 Church Circle Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Read for record
July 29th 1849

Name in Full

Certificate of Death

Hettie May Chaney

Died at Town Dorsale County Anne Arundel MARYLAND

Date 1900. Month July Day 28 | Age Y. 17 M. D. | Native of Calvert Co | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of Wife Joseph Chaney of L. 131

Father's Name Joseph S. Chaney Mother's Name Rebecca Houst.

Cause of Death: Primary Ovarian Dropsy, Intestinal Obstruction. Immediate Asthenia.

How long sick 6 mos.

~~Accident, Suicide, Homicide~~

Reported by Thos. M. Chaney ~~H.~~ M. D.

Address Dunkirk, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Charles Edward Clow

Certificate of Death

Died at Town: Annapolis County: A. A. Co MARYLAND

Date 1899 Month: July Day: 25 | Age Y. 18 M. - D. - | Native of: Annapolis | Occupation: —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow Widower ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Chas E. Clow

Mother's Name: Mary A Mayett

Cause of Death: Primary: Entero-Colitis 82

Immediate: Exhaustion

How long sick: 2 weeks

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Wm. S. Welch M.D.

Address: Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66SR8

Read for record
July 25-th 1899

Name in Full: Mary. C. Conner

Certificate of Death

Died at: A A Co (Town) ~~County~~ MARYLAND

Date 1899 Month 7 Day 10 | Age Y. 31 M. 8 D. 28 | Native of Annapolis | Occupation Domestic

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living two

Husband / Wife of —

Father's Name: Wm Conner

Mother's Name: Catherine Conner

Cause of Death: Primary Phthis Pulm 22a

Immediate Diarrhoea

How long sick about 1 year

Accident, Suicide, Homicide

Reported by: William Bishop M D

Address: 12 Church Circle Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Chas Raymond Diggs

Certificate of Death

Died at Town: Annapolis County: A A Co MARYLAND

Date 1899 Month 7 Day 5 | Age Y. M. D. 7 6 | Native of City | Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: Aaron Diggs

Mother's Name: Susan Diggs

Cause of Death: Primary: Entero Colitis 82

Immediate: Anemia

How long sick

~~Accident, Suicide, Homicide~~

Reported by: Wm Bishop M.D.

Address: 12 Church Circle Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Read for record
July 8th 1899

Name In Full

Certificate of Death

Mrs. Julia Ann Disney

Died at Town: Dorsey's County: Anne Arundel MARYLAND

Date 189 9 Month: 7 Day: 24 | Age Y.: 89 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 16 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Advertiser 7-27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7950R

Name In Full

Certificate of Death

Marie Dorry

Died at Town: Mc Kendree County: Anne Arundel MARYLAND

Date 189 9 Month: 7 Day: 21 | Age: Y. M. D. | Native of | Occupation

~~Male~~ Female | White Coloured | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary

Immediate 161

How long sick

Accident, Suicide, Homicide

Reported by Advertiser 7-27

Address

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 708MR

Name in Full #6343 Louisa Ehrhardt — Certificata of Death

Died at Town: Annapolis — County: A.A. — MARYLAND

Date 1899 — Month: 7 — Day: 31 — Age: Y. M. D. — Native of — Occupation

~~Male~~ / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband of / Wife

Father's Name — Mother's Name

Copy 92

Cause of Death — Primary — Immediate: Inflamation of liver — How long sick

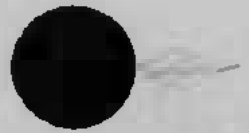
Accident, Suicide, Homicida

Reported by: Geo. Wells, M.D.

Address: Annapolis, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79998



Name in Full Robert Emory

Certificate of Death

Died at Town Md. House of Cor. County A. H. MARYLAND

Date 189 9 Month 7 Day 20 | Age Y. M. D. | Native of | Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Consumption 22a | How long sick

Immediate | Accident, Suicide, Homicide

Reported by H. D. Gantt, M.D.

Address Jessup's Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

William T. Gilmore

Died at Town: Curtis Bay County: Anne Arundel MARYLAND

Date 1899 Month: July Day: 5 | Age Y. 24 M. D. | Native of: England | Occupation: Seaman

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 148

Immediate Drowned

How long sick

Accident, ~~Suicide~~, ~~Homicide~~

Reported by Thomas L. McClelland J.P. coroner

Address Brooklyn Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Maggie Hayes

Died at Town: Harmans Station County: Anne Arundel MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
9	July	10	21				

~~Male~~ Female ~~White~~ ~~Colored~~ Married Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of Wife William Hayes

Father's Name

Mother's Name

OVER

Cause of Death: Primary

Immediate: Typhoid Fever

How long sick

Accident, Suicide, Homicide

Reported by James F Franklin OVER

Address Harmans Station Chas A.R. Earp undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76888

Attended by Dr. G. R. Winterson

of Anne Arundel

Seen by Coroner _____

of _____

Information contained in this certificate received from James F Franklin

of _____

Name In Full

Certificate of Death

Alma Gertrude Hynes

Town

County

Died at Anne Arundel MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
7	14	1		5 -		

Date 189 9

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ Widower

~~Divorced~~

~~Number of children living~~

Husband of
Wife

Father's Name Elias E. Hynes

Mother's Name Carrie D.

Cause of Death — Primary

Immediate 161

How long sick

Accident, Suicide, Homicide

Reported by Md. Republican 7-22

Address

Must be signed by physicien, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78808

Name in Full: Wm Peter Jennings

Certificate of Death

Died at Town: Annapolis County: A A Co MARYLAND

Date 1899 Month: 7 Day: 5 | Age Y.: 19 M.: D.: 11 | Native of: city | Occupation: waiter

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: Moses H Jennings

Mother's Name: Harriet Jennings

Cause of Death: Primary: Phthisis Pulm

Immediate: Diarrhoea 22a

How long sick: 6 months

~~Accident, Suicide, Homicide~~

Reported by: William Bishop M.D.

Address: 12 Church Circle Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Reed for record
July 8th 1899

Name in Full: Wm G. Kusland

Certificate of Death

Died at: Town: South Baltimore County: A A Co MARYLAND

Date 189 9 Month 7 Day 1 Age Y. 5 M. D. 12 Native of Maryland Occupation Child

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Singla Widow Widower Divorced Number of children living

Husband of Wifa

Father's Name: Otto Kusland

Mother's Name: Louisa Kusland

Cause of Death: Primary: Pneumonia 72 How long sick

Immediate: Heart failure Accident, Suicide, Homicide

Reported by: J B Robinson M D

Address: Brooklyn Md

Must ba signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65060

Name in Full

Certificate of Death

Marcellus Lancaster

Town

Died at Brooklyn

County

Anne Arundel

MARYLAND

Month Day

Date 189 9 July 6

Y M. D.

Age 52

Native of Maryland

Occupation Laborer

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~

Number of children living 2

Husband ~~Wife~~ of Katie Jones

Father's Name Jacob Lancaster

Mother's Name

Cause of Death: Primary — Natural Causes — 155-6 — How long sick 2 days

Immediate — Apparently Heart failure — ~~Accident, Suicide, Homicide~~

Reported by Thomas L McClelland J.P. Coroner

Address Brooklyn Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65068

Name in Full | Certificate of Death

Mary Isabelle Lowman

Died at Town: Odenton County: Ann Arundel MARYLAND

Date 1899 Month: July Day: 13 | Age Y.: 35 M.: 8 D.: 14 | Native of: Md. | Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Wm Denton Lowman

Father's Name John A. Lowman | Mother's Name Mary Jane Lowman

Cause of Death: Primary Typhoid fever | How long sick 46

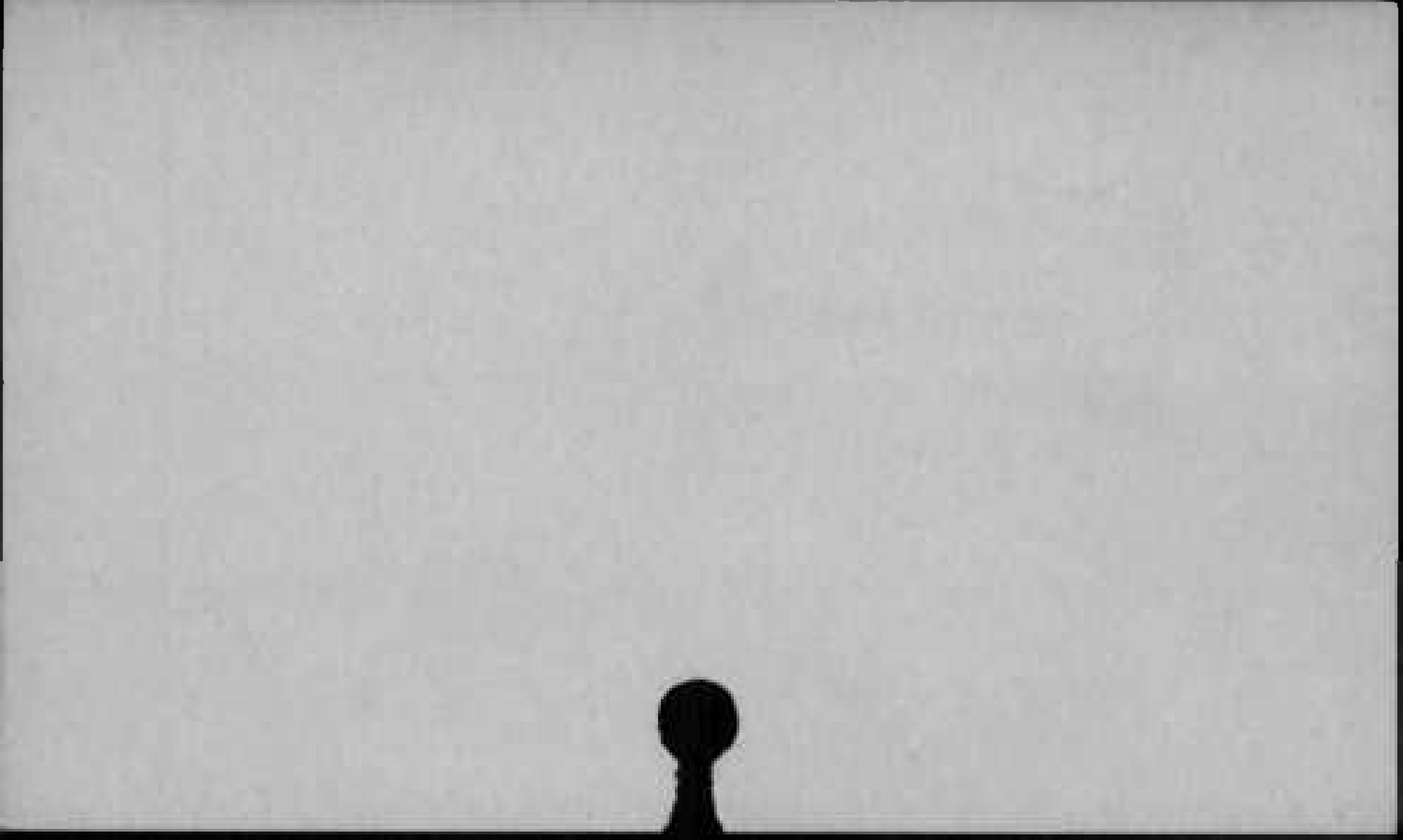
Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by Corydon P. Gowman

Address Odenton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68962



Name in Full

Certificate of Death

Charles Theodore Martin.

Died at Town Annapolis County Anne Arundale. MARYLAND

Date 1899 Month July Day 12th | Age ~~Y.~~ ~~M.~~ D. 12 | Native of Md | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children living~~

~~Husband~~ of

~~Wife~~

Father's Name John W. Martin

Mother's Name Phebe Brown

Cause of Death

Primary Rockjaw. 50

How long sick Since birth

Immediate —

Accident, Suicide, Homicide

Reported by James S Taylor F. D.

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. Geo Wells

of Annapolis

Seen by Coroner J. B.

of

Information contained in this certificate re-
ceived from Father of Children

of Annapolis Md

Rec'd for record
Aug 1st 1899

Name in Full

Certificate of Death

Susan Magruder

Died at Town: Annapolis County: A A Co. MARYLAND

Date 189 9 Month: 7 Day: 21 | Age Y.: 87 M.: — D.: — | Native of: Norfolk Va | Occupation: Housewife

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | Divorced

Number of children living: one

Husband / Wife of: ——

Father's Name: — Capron | Mother's Name: Sarah Capron

Cause of Death:
- Primary: General debility — How long sick: 3 years.
- Immediate: Apoplexy 42

~~Accident, Suicide, Homicide~~

Reported by: William Birch MD

Address: 1 Church Circle Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868

Reed for record
July 25th 1899

Name in Full | Certificate of Death

Frances B Mayer

Died at Town: Annapolis, County: Anne Arundel MARYLAND

Date 1899 Month: July Day: 28 | Age Y. M. D.: 72 | Native of: Maryland | Occupation: Artist

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living: none

Husband / Wife of: Ellen Mayer

Father's Name: Charles | Mother's Name: Dont know

Cause of Death: Primary: Grip + feeble Heart G | How long sick: Feby

Immediate: Paralysis of Heart & lungs | Accident, Suicide, Homicide

Reported by: H R Walton M D

Address: Annapolis M?

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Read for record
Aug 8th 1899

Name in Full Lawrence Moore

Certificata of Death

Town So. Balto. County A. A. Co. MARYLAND

Died at

Data 1899 Month 7- Day 9- Aga Y. 5 M. D. Native of Occupation

Mala White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of childran living 4

~~Husband~~ of ~~Wife~~

Father's Name Jas. A. Moore Mother's Name Nora Moore

Cause of Death: Primary Diphtheria Sa How long sick Six days

Immediate Paralysis of Heart ~~Accident, Suicide, Homicide~~

Reported by Thomas D. Norton M.D.

Address So. Balto. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or ministar.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Jesse W. Resan

Died at Town: Brooklyn County: Anne Arundel MARYLAND

Date 1899 Month: July Day: 18 Age Y. 25 M. D. Native of: Md Occupation: Engineer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband ~~Wife~~ of Celia Eyler

Father's Name John Resan Mother's Name

Cause of Death: Primary 152a How long sick

Immediate crushed to death Accident, ~~Suicide~~, ~~Homicide~~

Reported by Thomas L McClelland

Address Brooklyn. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65[illegible]

Name in Full Gradwick Robinson

Certificate of Death

Town Annapolis County Anne Arundel MARYLAND

Died at

Date 189 Month July Day 19th

Age Y. 1 M. 6 D. 12

Native of Md

~~Occupation~~

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number ~~of children~~ living

~~Husband~~ ~~Wife~~ of

Father's Name Charles Robinson

Mother's Name Martha Robinson

Cause of Death: Primary 7

How long sick 3 weeks

Immediate Whooping cough

Accident, Suicide, ~~Homicide~~

Reported by James B Taylor

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73988

Attended by Dr. None

of —

Seen by Coroner None

of —

Information contained in this certificate re-
ceived from Chas. W. Ther

at Annapolis Md

Recd for record
Aug 1st 1899

Name in Full Henry Seebohm

Certificate of Death

Town County

Died at Eastport A. A. MARYLAND

Date 189 9 Month 7 Day 27 | Age Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death { Primary / Immediate } 161

How long sick

Accident, Suicide, Homicide

Reported by Evening Capital

Address 7-28

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mrs Eliza Shaw

Town

Annapolis

County

Ann Arundel

MARYLAND

Died et

Date 1899 July 31

Month Day

Age Y. 72 M. D.

Native of Mayland

Occupation none

Male / Female

White / Colored

Married / Single

Widow / ~~Widower~~

~~Divorced~~

Number of children living 3

~~Husband~~ / Wife of Dont Know

Father's Name Dont Know

Mother's Name Dont Know

Cause of Death: Primary — General debility — 141 — How long sick 9 mos.

Immediate — Paralysis of bowels — Accident, Suicide, Homicide

Reported by H R Walton M D

Address Annapolis Mayland

Must be signed by physician, if any in attendence, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FEDER

Recd for record
Aug 8th 1849

Name in Full # 5328 William Smith

Certificate of Death

Died at Town Jessups County A.A. MARYLAND

Date 189 9 Month 7 Day 27 | Age Y. M. D. | Native of | Occupation

Male ~~White~~ Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death { Primary 57 | How long sick

Immediate Heart disease | Accident, Suicide, Homicide

Reported by H. B. Gantt, M. D.

Address Jessups, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Virginia Elizabeth Starlings

Died at Town: 2d District County: Anne Arundel MARYLAND

Date 1897 Month: July Day: 27 | Age Y. 63. M. 10 D. | Native of Md | Occupation —

~~Male~~ Female | ~~White~~ ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Geo W Starlings Mother's Name Sarah A. Nutwell

Cause of Death: Primary Brights Disease 97 | How long sick 1 year

Immediate Uraemic Coma

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Wm. S. Welch M.D.

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969

Name in Full: Washington Steward

Certificate of Death

Died at Town: Annapolis County: A A Co MARYLAND

Date 1899 Month: 7 Day: 17 | Age Y.: 61 M.: 7 D.: 17 | Native of: A A Co | Occupation: Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of: Sarah Steward 59

Father's Name: James Steward Mother's Name: Amelia Steward

Cause of Death: Primary: Abdominal Aneurism | How long sick: 5 weeks

Immediate: Internal hemorrhage | ~~Accident, Suicide, Homicide~~

Reported by: William Bishop M D

Address: 12 Church Circle Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Read for record
July 17th 1899

Name In Full

Certificate of Death

Mary Watts.

Died at Town: Annapolis County: Anne Arundel MARYLAND

Date 1899 Month: July Day: 12 Age Y. 81 ~~M.~~ D. Native of: Virginia Occupation: Home Keeper

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children living~~

~~Husband~~ of

~~Wife~~

Father's Name: Theo Watts. Mother's Name: Mary. Shores.

Cause of Death: Primary 155a How long sick: 8 months

Immediate: Dropsey Accident, Suicide, Homicide

Reported by: James S Taylor F. D.

Address: Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888

Attended by Dr. Geo Wells

of Annapolis Md

Seen by Coroner 8:30

of

Information contained in this certificate

ceived from Robt. E. Strange

of Annapolis Md

Rec'd for records Aug 1st 1899

Name in Full Mrs Susie Wayson

Certificate of Death

Died at Town Sudley County A A — MARYLAND

Date 1899 Month July Day 18 Age Y. 46 M. — D. — Native of Balto. Md Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 0

~~Husband~~ Wife of John H. Wayson

Father's Name James Hubbard Mother's Name Susan Mills

Cause of Death Primary Consumption 22a How long sick 10 mo

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Geo. T. Dent MD

Address Churchton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. [illegible]

Name in Full James Edward White

Certificate of Death

Died at Town Annapolis County Anne Arundel MARYLAND

Date 1899 Month August Day 4 Age Y. 6 M. D. Native of U.S. Occupation infant

Male ~~Female~~ ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name Edward H. White Mother's Name Maggie Richardson.

Cause of Death: Primary Drowning Accidental How long sick 3 days.

Immediate Convulsions 140 Accident, Suicide, Homicide

Reported by F. H. Thompson M.D.

Address 90 Church St. Annapolis, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Reed for record
July 18th 1899

Name in Full: Pindella White

Certificate of Death

Died at Town: Annapolis County: A A Co MARYLAND

Date 189 9 Month: July Day: 28 Age Y. M. D.: 3 Native of: City Occupation: —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: David White Mother's Name: Carrie White

Cause of Death: Primary: Heat 14,7 How long sick: 6 hrs

Immediate: Convulsions ~~Accident, Suicide, Homicide~~

Reported by: W Bishop MD

Address: 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record
July 29th 1859

Name in Full Thomas Williams

Certificate of Death

Died at Town Sindell County Anne Arundel MARYLAND

Date 1899 Month July Day 21 Age Y. 75 M. 9 D. 20 Native of Md Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living three

Husband ~~Wife~~ of Margaret Williams

Father's Name

Mother's Name 57

Cause of Death Primary Valvular Disease of Heart. How long sick 1 year

Immediate Gene. Dropsy - Asthenia ~~Accident, Suicide, Homicide~~

Reported by Tillie Chaney M.D.

Address Dunkirk

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

M.D.

LIBRARY BUREAU, [illegible]

Name In Full

Certificate of Death

Franciska Yankicwicz

Died at East Brooklyn (Town) A.A. (County) — MARYLAND

Date 189 9 Month 7 Day 11 | Age Y. 2 M. D. | Native of — | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 1

~~Husband~~ ~~Wife~~ of

Father's Name Henry Yankicwicz

Mother's Name Lena Yankicwicz

Cause of Death: Primary 6 | How long sick 2 days

Immediate Scarlet Fever | Accident, Suicide, Homicide

Reported by Thomas B. Horton MD.

Address So. Balto. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Henrietta Young

Certificate of Death

Died at Town E. Brooklyn County S.H.J.H. MARYLAND

Date 1899 Month 7 Day 31 Age Y. M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Typhoid Fever

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Chas H Brooke M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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